OCT <del>-08-2</del> 005	THU 02:2	5 PM Dat	fer Mc	Daniel	LLP		FAX	NO.	512	703	1250		P.	01
Complete and send this	prorin, togethe	er with applic	able fee(s)	PART B- , to: <u>Ma</u> <u>Fa</u> :	Ass Was	EE TRAI ISSUE Fistant Co Shington 3) 746-4	EE mmis , D.C.	sione		atents	<b>i</b>			
INSTRUCTIONS: This appropriate All function indicates and appropriate and indicates an	d below or dire lons.	cled otherwis	e in Block 1	vance ord I, by (a) sp	pecifying a	BLICATION tification on new corres	N FEE f maint sponde	(if requ enance nce ac	ired). I a fees v Idress;	Blocks will bo and/or	1 through 4 shormailed to the cur (b) indicating a	uld be comp rent corres separato *F	deted ponder EE AD	where nce address a DRESS" for
CURRENT CORRESPONS usin Block 1) 856 17	•					Note: The contribute of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own conflictate of mailing or transmission.								
DAFFER McDANIEL, LLP P O BOX 684908 AUSTIN TX 78768-4908/ justment date: 10/07/2005 - FBESHAH2 /20/2004 FFANAIA3 00000098 503268 09747274 -FC:2501 665.00 CR //07/2005 TBESHAH2 00000061 503268 09747274 FC:2501 700.00 DA				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.  10/6/2005										
PC:8001 12.00 DA FILING DATE FIRST NAME					CT NAMES IN									
09/747,274	12/21/	*****	James C. As			***************************************			+	ATTORNEY DOCKET NO				и <u>атіон но.</u> 193
TITLE OF INVENTION:	APPARATU				FOR REC	ORDING				KEVIN	NG AUDIO INI			
APPLN, TYPE				7.00			PUBLICATION			1		DUE	D/	ATE DUE
		YE				\$35.00		\$0.00			\$35.00		10/	06/2005
McFadden, Susan Iris			2655			704-270000								
1. Change of corresponded 1.363).  Change of corresponded 1.363.  Address form PTO/SB/	ance address o	ss (or Change	f 'Feo Addr	l es\$" (37 C	CFR 2. list (pate	For printin (1) the nament attorne mativoly, ( ving as a m	g on th nes of a ys or a 2) the	up to 3 gents ( name (	registe DR, of a sing	red	1 Kevin L	. Daffer McDaniel	LLP	

McFadden, Susan Iris	2655	704-270000	1							
Change of correspondence address or indication 1.363).	on of "Fee Address" (37 (	list (1) the names of t	For printing on the patent front page, list (1) the names of up to 3 registered     Kevin L. Daffer							
Change of correspondence address (or Cha Address form PTO/SB/122) attached.	inge of Correspondence	alternatively, (2) the r (having as a member	patent attorneys or agents OR, alternativoly, (2) the name of a single firm (having as a member a registered 2 Daffer McDaniel, LLP							
☐ "Foo Address" indication (or "Fee Address" I attached. Use of a Customer Number Is requ	Indication form PTO/SM/ I <b>Irod.</b>	47) 2 registered patent at	altorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3							
<ol> <li>ASSIGNEE NAME AND RESIDENCE DATA To date will appear on the patent. Inclusion of ass separate cover. Completion of this form is NOT</li> </ol>	ignee data is only approp	onale when as assionment h	ASE NOTE: Unless as been previously sub	an assignee is identified below, no assignae bmitted to the PTO or is being submitted under						
(A) NAME OF ASSIGNEE: Chips Interna	ntional, Inc.	(B) RESIDENCE	E (CITY & STATE OR	COUNTRY): Priddy, TX						
Please check the appropriate assignce category Indic	alled bolow (wil) not be pric	nted on the patent): 🔲 individe	ual 🗵 corporation or	<del>-</del> -						
4a. The following fees are enclosed:	4b. Payment	of Fee(s)::		W. A.						
🖾 lesue Foe	□ A check in th	A check in the amount of the fcc(s) is enclosed.								
☐ Publication Foo		Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies 4		☑ The Commissioner if hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3268/5007-00700* (enclose an extra copy of this form).								
5. Change in Entity Status (from status indica	ated above)									
a. Applicant claims SMALL ENTITY status.		☐ b. Applicant is no longe	er claiming SMALL E	NTITY status. Sec 37 CFR 1.27(g)(2).						
The Director of the USPTO is requested to app identified above. NOTE: The Issue Fee and Pu agent; or the assignee or other party in Interest	iplication ree fit require	ia) Will hat he accented from	TI SOVODO Olher than .	the applicant: a majotored street at						
Authorized Signature Kovin(L. Daffer		Date Oclober 6, 2005 Registration No. 34, 146								

This collection of information to required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form in the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time required to complete this form and/or suggestions for reducing this bundon, should be sent to the Chief Information Officer, Palent & Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Palents, Washington, D.C. 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85B (REV 04-02) Approved for use through 01/31/2004. OMB 0651-0033

Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE